



Pediatric Clinic
ASTHMA EDUCATION HANDOUTS

Goals of Asthma Management

Your physician will outline the goals of asthma management:

Be able to monitor your asthma and make adjustments in your treatment on your own, but know when to contact your physician.

Be active without having asthma symptoms. This includes participating in exercise and sports.

Sleep through the night without having asthma symptoms.

Prevent asthma episodes.

Have the best possible peak flow rate.

Avoid side effects from asthma medications.

Use the minimum amount of medications to achieve these goals.

Your physician or provider will cover significant points of asthma management that include:

- Prevention of episodes is an important goal of management. Prevention may include:
 - ◆ Avoiding allergens (especially in the indoor environment) if you are allergic
 - ◆ Around-the-clock medication treatment for a short time
 - ◆ Use of anti-inflammatory medications to reverse and prevent inflammation
 - ◆ Know the signs of an approaching attack
 - ◆ Early intervention when episodes do occur to reduce the likelihood of developing severe airway narrowing
- Treatment requires a continuous-care approach to control symptoms, prevent episodes, and reduce chronic airway inflammation.

Asthma Management Plan

Developing an asthma management plan for your asthma that is acceptable to you and controls your symptoms is the biggest challenge of asthma care. Meeting this challenge requires close collaboration with your physician and careful tailoring of the asthma management plan to your requirements and concerns.

Your physician or provider will work with you to develop an individualized asthma management plan:

- Main features of an asthma management plan:
 - ◆ Continuous-care approach
 - ◆ Total-care approach addresses control of symptoms, prevention of symptoms, and reduction of chronic airway inflammation
 - ◆ Early treatment approach provides for treatment at the earliest sign of an episode
 - ◆ Plan of action to manage an episode of asthma [**Sample Asthma Action Plan**]
- The asthma management plan needs to be individualized to:
 - ◆ Your age
 - ◆ Your daily routine
 - ◆ The severity and pattern of your asthma
 - ◆ Past response to therapies
- The plan should be simple and use as few medications taken as few times a day as possible. The rationale for the types and uses of medications (relievers: short-acting inhaled bronchodilators; and controllers: anti-inflammatory drugs) will be explained.

- Your plan should be consistent with the goals of therapy.

Tips for a Successful Asthma Management Plan

- Understand written instructions on the medications and how to use the medications correctly.
- Go over each step with your physician.
- The asthma management plan needs to be as simple as possible, that is, with as few medications prescribed as few times a day as possible.
- Have your physician demonstrate how to use the inhaler.
- Enlist family support for adherence to the asthma management plan.
- Talk to your physician early on about fears and concerns about asthma and asthma medications.
- Determine whether you can afford to buy the medications prescribed, and if not, consider alternative therapies or payment methods
- Identify problems with your medication plan by asking:
 - ◆ What problems do you have taking this medication?
 - ◆ When you feel better, do you sometimes stop taking the medication?
 - ◆ If you feel worse when you take the medication, do you sometimes stop taking it?

Your physician will provide you with written and verbal instructions on the use of each medication required to treat your asthma:

- The name of each medication prescribed
- The purpose (for inflammation, cough, and wheeze)
- The dose and frequency of administration
- When to begin taking the medication
- Guidelines for changing the dose or adding medications
- When to discontinue the medications (if appropriate)
- Special instructions for taking the medications, if needed (eg, when to report side effects, what to do if a dose is forgotten, etc)
- Tips to administer the medication to children (if appropriate)

Discuss your concerns and fears about the safety of medication for asthma with your physician.

The following issues should be discussed with your physician:

- What worries you about the medication?
- What is your biggest concern or fear about the medication?
- Side effects of steroids
- Additive properties
- Toxicity
- Loss of effectiveness over time
- Effect on the body and the growth and development of children

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Asthma Daily Self-Management Plan (Example)

Long-term Self-Management Plan for Persistent Asthma

Introduction: This long-term plan provides four benefits to you and your physician or provider, who complete it together during an early visit and review it periodically. The chart (1) reflects how changes in medications are made; (2) enables you and your physician to negotiate which medications will be used and how often; (3) combines symptoms and/or peak flow monitoring as the basis for your adding or deleting medications at home and self-adjusting doses; and (4) gives you a view of what your physician recommends over the long-term--under what future circumstances your physician wants the regimen to be increased or decreased.

Directions: Your physician writes the names of your medications in the first column. Based on the symptoms and peak flow specified in the top row, your physician then writes the doses/frequency of administration for each medication.

Medication	At the FIRST sign of a cold or exposure to known trigger	If cough or wheeze is present or peak flow is between 50% and 80% of personal best	If cough or wheeze worsen or peak flow is below 50% of personal best	As soon as cough and wheeze have stopped or peak flow is above 80% of personal best	When there is no cough or wheeze for 2 weeks, even with activity or peak flow is above 80% of personal best for 2 weeks	When there is no cough or wheeze for ____ months or peak flow is above 80% of personal best for ____ months	Before exercise or physical activity	For rapidly worsening asthma (sever exacerbation)
Times per day								

Please note that the following long-term plan is included only as an example of how to fill out the plan.

*If there is not a good response, seek **emergency care immediately**. If there is a good response return to the third column.

Medication	At the FIRST sign of a cold or exposure to known trigger	If cough or wheeze is present or peak flow is between 50% and 80% of personal best	If cough or wheeze worsen or peak flow is below 50% of personal best	As soon as cough and wheeze have stopped or peak flow is above 80% of personal best	When there is no cough or wheeze for 2 weeks, even with activity or peak flow is above 80% of personal best for 2 weeks	When there is no cough or wheeze for ____ months or peak flow is above 80% of personal best for ____ months	Before exercise or physical activity	For rapidly worsening asthma (severe exacerbation)
Short-acting beta2-agonist	2 puffs	2 puffs	2 puffs	2 puffs	0	0	2 puffs	2-4 puffs
Nonsteroidal anti-inflammatory	2 puffs	2 puffs	2 puffs	2 puffs	2 puffs	2 puffs	0	0
Inhaled corticosteroid	2 puffs	4 puffs	4 puffs	2 puffs	2 puffs	0	0	0
Antibiotic								
TIMES PER DAY	3	4 (every 4 hrs)	4 (every 4 hrs)	3	3	3	5-10 minutes before exercise	every 20 minutes for 3 doses*
Oral corticosteroid	0	0	0	0	0	0	0	0